

2023 2nd Quarter Independent Health Benefit Comparison for Small Groups

In Network:	Independent Health FlexFit Platinum	Independent Health FlexFit Platinum Option 2
Annual Deductible	\$0	\$0
Coinsurance	0%	0%
Annual Out of Pocket Max	\$5,250 Single/ \$10,500 Family (EM)	\$3,500 Single/ \$7,000 Family (EM)
PCP Office Visit	\$10 Copay	\$5 Copay
Specialist Visit	\$40 Copay	\$25 Copay
Telemedicine	\$0 Copay	\$0 Copay
Routine Radiology	\$40 Copay	\$25 Copay
Laboratory	\$10 Copay	\$5 Copay
Hospital Inpatient	\$500 Copay	\$500 Copay
Outpatient Facility / Surgery	\$75 Copay	\$75 Copay
Outpatient OT/PT/ST	\$40 Copay	\$25 Copay
Emergency Room Care	\$150 Copay	\$150 Copay
Ambulance	\$150 Copay	\$150 Copay
Urgent Care	\$75 Copay	\$75 Copay
Maternity Care	Pre/Postnatal Care: Covered in Full Delivery: \$500 Copay	Pre/Postnatal Care: Covered in Full Delivery: \$500 Copay
Outpatient Mental Health	\$10 Copay	\$5 Copay
Chiropractor	\$40 Copay	\$25 Copay
Diabetic Supplies	\$0 Copay	\$0 Copay
Prescription Coverage	Copay per 30 Day Supply Tier 1 \$5 Tier 2 \$30 Tier 3 50%	Copay per 30 Day Supply Tier 1 \$5 Tier 2 \$30 Tier 3 \$100
Out-of-Network: Deductible	\$5,000 Single/ \$10,000 Family (TF)	\$5,000 Single/ \$10,000 Family (TF)
Coinsurance	20%	20%
Annual Out of Pocket Max	\$10,000 Single/ \$20,000 Family (EM)	\$10,000 Single/ \$20,000 Family (EM)
Extra Benefits	Health Extras or Nutrition Benefit	Health Extras or Nutrition Benefit
<u>Rates</u>	<u>Option 1</u>	<u>Option 2</u>
Single	\$693.96	\$707.67
Subscriber and Spouse	\$1,387.92	\$1,415.34
Subscriber and Child(ren)	\$1,179.73	\$1,203.04
Family	\$1,977.79	\$2,016.86

*This comparison is intended to be a brief summary of benefits only.
It is not a contract. In the event of a dispute, subscriber contract will control.*

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